

# Change of Information Form

Conditional Waiver for Irrigated Agriculture

**Instructions:** Please print or type in black ink. This form must be signed for changes to be activated. Please complete the Ag Waiver Enrollment Information and Ag Waiver Enrollment Certification sections and only the other sections where changes apply.

AG WAIVER ENROLLMENT INFORMATION												
AW#:				Pesticide Use Permit #:								
Farm Operation/Business Name:												
FARM OPERATION CHANGE/CORRECTION INFORMATION												
Contact Name				Contact Title								
Physical Address		Street										
		City							State		Zip	
Mailing Address		Street										
		City							State		Zip	
Contact Phone#		(      )      -				Fax #		(      )      -				
ACREAGE CHANGE/CORRECTION INFORMATION												
Reporting Period as of October 15: <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008												
Acreage Information	Ranch/Site Name	Total Acreages		Crop Type Acreages						Irrigation Type Acreage		
		Total Irrigated Acres	Total Tailwater Acres	Row Crops	Orchard	Vineyard	Nursery	Greenhouse	Other	Drip/Micro	Sprinkler	Furrow
AG WAIVER ENROLLMENT CERTIFICATION												
<p>I certify under penalty of law that the submitted information is to the best of my knowledge and belief, true, accurate and complete.</p> <p>Signature: _____ Date: _____ (Responsible Party)</p> <p>Printed name: _____ Title: _____</p>												

If you have any questions regarding this form please call or e-mail:

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